

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

**LEVEL OF CARE**

**CERTIFICATION LETTER**

TO: \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

SS#: \_\_\_\_\_ MEDICAID # \_\_\_\_\_

LOCATION OF ASSESSMENT: \_\_\_\_\_

The South Carolina Department of Disabilities and Special Needs has evaluated the information submitted by your physician and other professionals and has determined that:

- (    ) according to Medicaid criteria, you do not meet medical requirements for Intermediate Care for the Mentally retarded. This does not mean that you do not need personal or other medical care, and does not mean that you cannot be admitted to a long-term care facility. It does mean that the Medicaid program will not be responsible to pay for your care in a long-term care facility.
- (    ) according to present Medicaid criteria, you meet requirements to receive long term care at the following level:
- (    ) Intermediate Care Level for the Mentally Retarded

This letter must be presented to the facility to which you are admitted.

This certification letter is not an approval for financial eligibility for Medicaid. You must establish financial eligibility with the County Department of Social Services.

If you disagree with this determination, please read the reverse side of this notification.

EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE OF ASSESSMENT